

**Application Data Sheet****Application Information**

Application number::	Not Yet Assigned
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	<u>METHODS OF ASSESSING THE RISK OF</u> <u>REPRODUCTIVE FAILURE BY</u> <u>MEASURING TELOMERE LENGTH</u>
Attorney Docket Number::	59802US(49947)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David
Middle Name::	L.
Family Name::	Keefe
City of Residence::	Newport
State or Province of Residence::	RI
Country of Residence::	US
Street of mailing address::	26 Moorland Road
City of mailing address::	Newport

State or Province of mailing address:: RI

Postal or Zip Code of mailing address:: 02840

### **Correspondence Information**

Correspondence Customer Number:: 21874

### **Representative Information**

Representative Customer Number:: 21874

### **Domestic Priority Information**

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Provisional Application Number(s)	Filing Date (dd/mm/yyyy)
60/419,071	16 October 2002
60/452,741	07 March 2003

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Women & Infants Hospital of Rhode Island  
101 Dudley Street  
Providence, RI 02905